

POSITION:	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	5019	04-04-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	579	5/8/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	4/12/01
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

AS 5/19

JCS/579